|   | PATEN  | EC  | Application or Docket Number                                      |   |                        |                                   |        |                                       |                        |    |                     |                        |
|---|--|---|---|---|------------------------|-----------------------------------|--------|---------------------------------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                               |  |   |   |   |                        |                                   |        | SMALL ENT                             | TITY                   | OR | OTHER<br>SMALL E    |                        |
| U.S   | . NATIONAL                                     | STAGE FEES  | (Column   | ,   |                        | (Oolullii 2)                      |        | RATE                                  | FEE                    | 1  | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.  | SMALL ENT. = \$ 150                             |                        | GE ENT. = \$ 300                  |        | BASIC FEE                             | ほか                     | OR | BASIC FEE           |                        |
| EXAMINATION FEE   |  |   |   | sfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                        | ther situations = 5 100 / \$ 200  |        | EXAM. FEE                             | 100                    |    | EXAM. FEE           |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100.  ALL other countries = \$200 / \$400 |   | ALL c                  | other situations = 5 250 / \$ 500 |        | SEARCH FEE                            | 200                    |    | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =   |   |                        | / 50 =                            |        | X \$ 125 =                            |                        |    | X \$ 250 =          | -                      |
| тот   | AL CHARGEA                                     | BLE CLAIMS  | $\int \int minus 20 = \star$                                      |   |                        | 37                                |        | X \$ 25 =                             | 910                    | OR | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | 8 m   | inus 3 =  | *                      | 5                                 |        | X \$ 100 =                            | EM                     | OR | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE  | ESENT   |   |                        |                                   | İ      | + \$ 180 =                            |                        | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |   |   |                        |                                   |        | TOTAL                                 |                        | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |   |   |                        |                                   | ſ      | SMALLE                                |                        | OR | OTHER SMALL E       | NTITY                  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT   |   | NUMI<br>PREVIO<br>PAID                          | USLY                   | PRESENT<br>EXTRA                  |        | RATE                                  | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **  |                        | =                                 |        | X \$ 25 =                             |                        | OR | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus   | ***   |                        | =                                 |        | X \$ 100 =                            |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                        |                                   |        | + \$ 180 =                            |                        | OR | + \$ 360 =          | ·                      |
|   |  |   |   |   |                        |                                   |        | TOTAL ADDIT.<br>FFF                   |                        | ÖR | TOTAL ADDIT.<br>FFF |                        |
|   | · - · <u>-</u>                                 | (Column 1)  |   | (Colur  | <u> </u>               | (Column 3)                        |        | · · · · · · · · · · · · · · · · · · · |                        |    |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGH<br>NUMI<br>PREVIO<br>PAID                  | BER<br>DUSLY           | PRESENT<br>EXTRA                  |        | RATE                                  | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **  | _                      | =                                 | Ì      | X \$ 25 =                             |                        | OR | X \$ 50 =           |                        |
|   | Independent                                    |   | Minus   | ***   |                        | 1                                 | Ī      | X \$ 100 =                            |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                        |                                   |        | + \$ 180 =                            |                        | OR | + \$ 360 =          |                        |
|   |  |   |   |   |                        |                                   |        | TOTAL ADDIT.                          |                        | OR | TOTAL ADDIT.<br>FFF |                        |
| * **  | If the "Highest No<br>If the "Highest No       | umn 1 is less than the<br>umber Previously Pai<br>umber Previously Paid<br>mber Previously Paid | id For" IN THIS SF<br>id For" IN THIS SF                          | PACE is less<br>PACE is less                    | s than '2<br>s than '3 | 0', enter "20".<br>', enter "3".  | in the | e appropriate box                     | in column 1.           |    |                     |                        |

FORM 9TO-875 (Rev. 02/2005)

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE